PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998												09464279				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN				
FOR			NUMBER FILED			NUMBER EXTRA			RATE	f	EE		RATE	FEE		
BASIC FEE										38	30.00	OR	:	760.00		
TOTAL CLAIMS			minus 20=			•			X\$ 9=		OR	X\$18=	٠			
IND	EPENDENT CL	AIMS	minus 3 = *					- X39=				OR	X78=	·		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=					
* H	the difference	less than ze	TOTAL	.十		OR	TOTAL	(d)								
CLAIMS AS AMENDED - PART II									SMALL ENTITY				OTHER THAN SMALL ENTITY			
_			umn 1) AIMS .			Column 2) HIGHEST	(Column ₂ 3)		SMALI		DDI-	OR ·	SMALL	ADDI-		
AMENDMENT A		. AF	AINING,' TER IDMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	ONAL EE		RATE	TIONAL FEE		
	Total	•	18	Minus	**	20	-0		X\$ 9=		•	OR	X\$18=			
	Independent	*	<u>- み</u>	Minus ·		<u> </u>	=-61		X39=			OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ı	+130=	1			+260=			
									=061 + ATOT		•	OR	TOTAL			
									ADDIT. FE			OR	ADDIT. FEE			
AMENDMENT B	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								<u>.</u>	:						
		REM A	AINING TER: IDMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE		
	Total -	•	18	Minus	**	20	0	I	X\$ 9=			OR	X\$18=			
	Independent	•		Minus	**	<u> </u>	*		X39=			OR	X78=	-15-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	1		OR	+260=			
								£	TÖTA DDIT. FE			OR	TOTAL ADDIT FEE			
(Column 1) (Column 2) (Column 3)												. '	~~~ FEE!			
AMENDMENT C	·	CL REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIQ	DI- NAL EE		RATE	ADDI- TIONAL FEE		
	Total			Minus	44		-		X\$ 9=			OR	X\$18=			
	Independent	*	i	Minus	***		3	H	-X39=	t						
	FIRST PRESE	NTATIC	N OF MULTIPLE DEP		PENE	ENT CLAIM		-	~~y=	-		OR	X78=			
		<u></u>			_	•		ı	+130=			OR	+260=	ŀ		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE											OR ,	TOTAL LODIT. FEE				
•••	If the "Highest Nur The "Highest Nur	mber Pro	eviously Pa	aid For IN THI	S SP	ACE is less tha	n 3, enter "3,"				iate box					

FORM PTO-875 (Rev. 11/98)

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